



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 005 432 63

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Container Corp.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 445 W. Factory Street				
03 CITY Wabash		04 STATE IN	05 ZIP CODE 46992	06 COUNTY Wabash	07 COUNTY CODE 169	08 CON 3 DIST 05
09 COORDINATES LATITUDE 40° 47' 33" N		LONGITUDE 085° 49' 55" W		Wabash		

10 DIRECTIONS TO SITE (Starting from nearest public road)

SR15 to Factory Street. Turn west (near Mill St.) just north of the river.

III. RESPONSIBLE PARTIES

01 OWNER (If known) Container Corp. of America		02 STREET (Business, mailing, residential) 1st National Plaza			
03 CITY Chicago		04 STATE IL	05 ZIP CODE 60670	06 TELEPHONE NUMBER (312) 580-5500	
07 OPERATOR (If known and different from owner) Container Corp.		08 STREET (Business, mailing, residential) 455 W. Factory St.			
09 CITY Wabash		10 STATE IN	11 ZIP CODE 46992	12 TELEPHONE NUMBER (219) 563-3102	
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED: ____/____/____ ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ ☒ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES DATE ____/____/____ <input checked="" type="checkbox"/> NO MONTH DAY YEAR		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1910 present <input type="checkbox"/> UNKNOWN BEGINNING YEAR ENDING YEAR			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

organics (toxic, persistent, soluble).
heavy metals (toxic, persistent)

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

groundwater (population)
surface water (environment)
air (population)

EPA Region 5 Records Ctr.

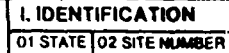
978244

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents.) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input checked="" type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
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VI. INFORMATION AVAILABLE FROM

01 CONTACT Harry Atkinson 10. 7/29		02 OF (Agency/Organization) IDEM/SHWM		03 TELEPHONE NUMBER (317) 232-8927	
04 PERSON RESPONSIBLE FOR ASSESSMENT Mary Anne Hunter MAY		05 AGENCY IDEM	06 ORGANIZATION SHWM	07 TELEPHONE NUMBER (317) 232-8928	08 DATE 07 24 87 MONTH DAY YEAR



<input checked="" type="checkbox"/> A. TOXIC	<input checked="" type="checkbox"/> E. SOLUBLE	<input type="checkbox"/> I. HIGHLY VOLATILE
<input type="checkbox"/> B. CORROSIVE	<input type="checkbox"/> F. INFECTIOUS	<input type="checkbox"/> J. EXPLOSIVE
<input type="checkbox"/> C. RADIOACTIVE	<input type="checkbox"/> G. FLAMMABLE	<input type="checkbox"/> K. REACTIVE
<input checked="" type="checkbox"/> D. PERSISTENT	<input type="checkbox"/> H. IGNITABLE	<input type="checkbox"/> L. INCOMPATIBLE
		<input type="checkbox"/> M. NOT APPLICABLE

EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 18,000

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL ☐ ALLEGED

The unlined lagoons are approx. 8 feet deep. The Teays Valley aquifer lies under this area. The static water level is generally 15-25 feet. Bedrock wells & c/s wells exist with no known discontinuity. The nearest in use Both city **Non-responsive, well locations**. At least 100 wells or more are also in use See (

01 ☒ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: Unk

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL ☐ ALLEGED

The company also owns one of the WWTP lagoons. Frequent problems have occurred with loading excess allegedly by Contianer Corp. The WWTP operates CCA's lagoon.

01 ☒ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: 15,000+

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☒ ALLEGED

Frequent complaints are received by the county health dept. w/ excess smoke from the company's boiler stacks.

01 ☒ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: 14,000

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL ☐ ALLEGED

Unknown. History of fires at the facility (warehouse, paper storage)

01 ☒ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: 0

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL ☐ ALLEGED

Site is allegedly fenced.

01 ☒ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: 15
(Acres)

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL ☐ ALLEGED

CCA owns approx. 15+ acres. Two sludge lagoons, 1 WWTP lagoon open for 30 years. Contamination may be present to a depth 8 feet.

01 ☒ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 14,000

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL ☐ ALLEGED

Sand, gravel, silty clay exists on-site. Potential is maximum for migration of contaminants to the groundwater.

01 ☒ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL ☐ ALLEGED

Unknown

01 ☒ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: 15,000

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL ☐ ALLEGED

See A, B, C, D, F, G, H.



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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unreported.

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unreported

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Farming is to be West & south across the river (2,000 feet)

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES

(Spills/runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: 14,000

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

No barriers exist to prevent migration.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

CCA owns one of the WWTP (run by the city). No chemicals have been tested for.

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None

III. TOTAL POPULATION POTENTIALLY AFFECTED: 14,000

IV. COMMENTS

Sludge samples and discharge to WWTP & to River should be sampled for priority pollutants. If high levels occur (above, background), this site is a good drilling candidate.

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

See Part 2 VI.